Maine EMS

Vehicle License/Authorization Application

1. Indicat comple		se you are requ	esting (S	ee the reverse side	of this form	for instruction	ns for
a. □ Ambulance License (Initial) b. □ Ambulance License (Permanent Transfer) c. □ Ambulance License (Temporary Transfer) d. □ Reinstate license that was temporarily transferred				 e. □ EMS Vehicle Authorization (Initial) f. □ EMS Vehicle Auth (Permanent Transfer) g. □ EMS Vehicle Auth (Temporary Transfer) h. □ Reinstate authorization that was temporarily transferred 			
2. Service	Information						
Service Name:							
-	_			mber:			
3. Vehicle	e Information						
				v, of the vehicle for erred from another ve		e requesting li	censure
Year	ar Chassis Mfg. Amb. Mfg.		Vin. #	Vin.#		DMV #	MEMS #
•	ou are transferring erring the license:	an existing lice	ense, list b	below the information	n of the vehic	cle from which	you are
Year	Chassis Mfg.	Amb. Mfg.	Vin. #		Туре	DMV #	MEMS #
•	y request licensure/ Il applicable Maine			cle listed in section 3 Law.	a., above, an	d certify that the	he vehicle
Print Name of Authorized Representative Signature				uthorized Representative		Date	
tin		(Note to Ser	vice: Ke	e listed in § 3a. i eep a copy of thi			
Maine EMS Licensing Assistant			Date	Time			
Fax S	ent to Service on:						
		Date	Т	ime			

Instructions for Completion of the Vehicle License/Authorization Application